

**AMERICAN RED CROSS
GREATER SOMERSET COUNTY CHAPTER**

HEALTHY & SAFETY REPLACEMENT CERTIFICATION CARD FORM

If you have lost/misplaced your American Red Cross Certification Card and would like it replaced, please complete the following information and submit this form to us with your payment.

Personal Information: (please print)

Name: _____

Address: _____

City State Zip Code: _____

Phone Number: Day: _____ Evening: _____

Course Information: (please print)

All this information is vital to promptly locate proof of your certification. Please provide **at least 3 pieces** of the information requested below, which must include the course name. If you cannot provide this information, please contact the facility where the course was held to obtain the information. All replacement card requests will be handled in the order received.

Name of Course: _____

Name of Certification(s) Needed: _____

Date Course(s) Completed: _____

Location of Course(s): _____

Instructor's Name: _____

Please return this form with a \$5.00 processing fee to:

American Red Cross
Greater Somerset County Chapter
14 West Cliff Street
Somerville NJ 08876
Phone: (908)725-2217 Fax (908)725-8846